



Humber Valley Hockey Association HOUSE LEAGUE BANQUET REIMBURSEMENT FORM



DIVISION: _____

TEAM NAME: _____

DATE OF BANQUET: _____

LOCATION OF BANQUET: _____

NUMBER OF PLAYERS ATTENDED: _____ (Maximum of 18)

NUMBER OF COACHES ATTENDED: _____ (Maximum of 5)

NUMBER OF SPONSORS ATTENDED: _____ (Maximum of 2)

TOTAL ATTENDED: _____

TOTAL COST: # ATTENDED X \$13.00 = _____
(Midget \$15.00)

PERSON TO REIMBURSE: _____

POSITION ON TEAM: _____

ADDRESS: _____

TELEPHONE #: _____

DATE SUBMITTED: _____

APPROVED: _____

CHEQUE #: _____

***RECEIPTS MUST BE ATTACHED IN ORDER TO RECEIVE PAYMENT**
***DEADLINE FOR SUBMITTING INVOICES IS JUNE 30th**

SUBMIT TO:

**HVHA
c/o Susan Tiveron
27 Tuscany Grande
Alliston, Ontario L9R 0E2**